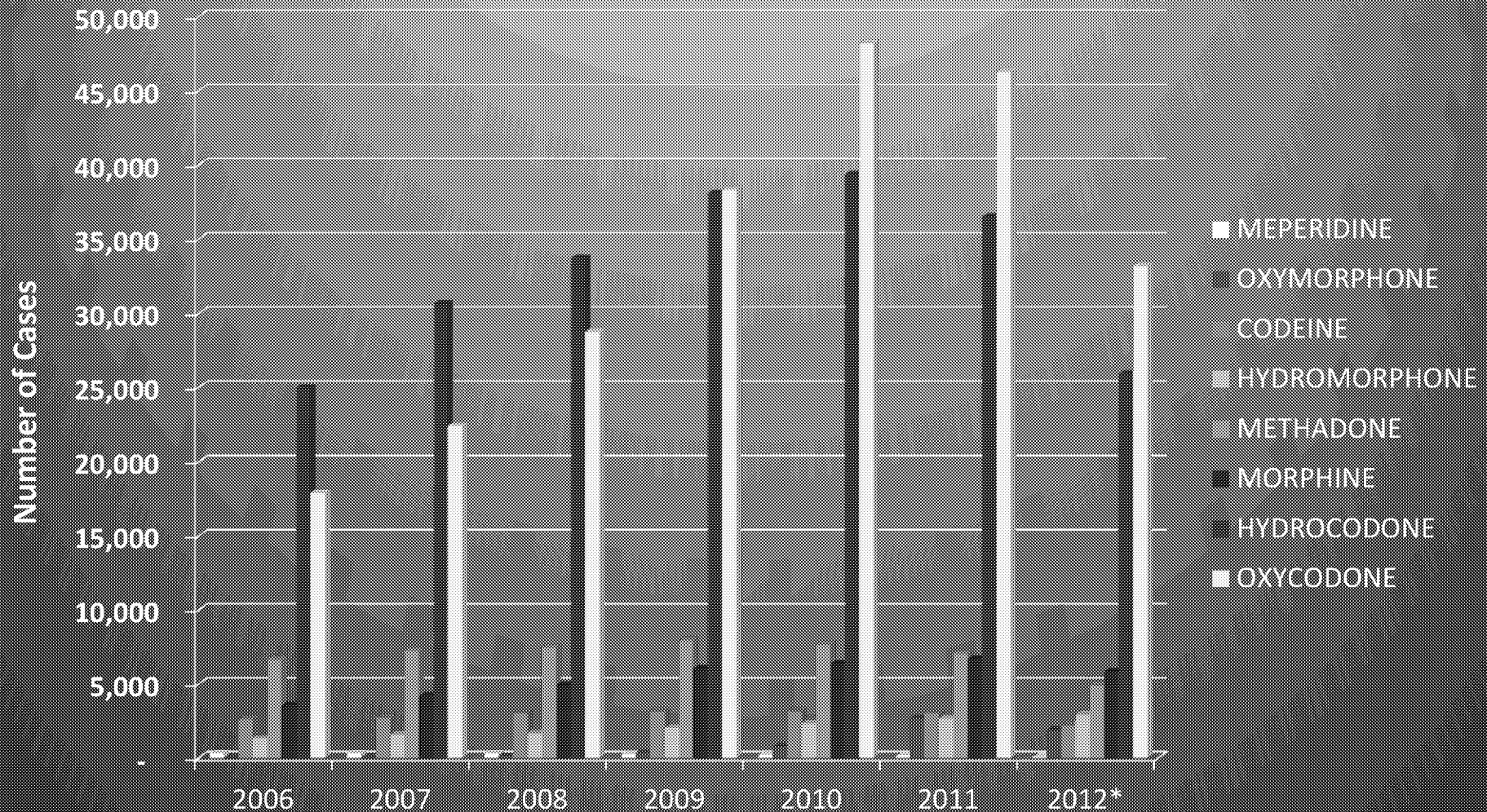


NFLIS Cases

(Federal, State, and Local)

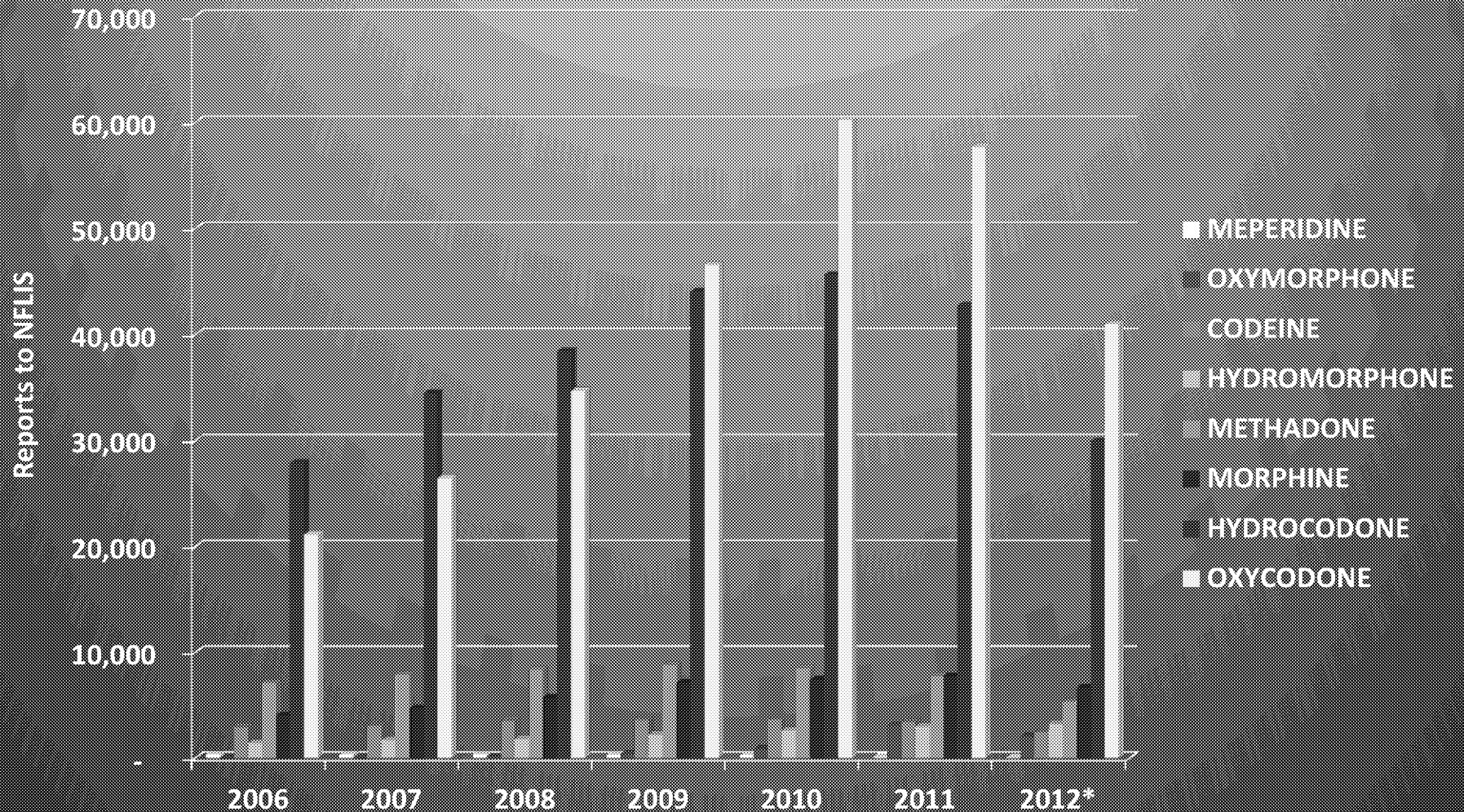


*2012 data is still being submitted,
data queried on 1/22/2013

121

NFLIS Encounters

(Federal, State, and Local)



*2012 data is still being submitted, 122
data queried 1/22/2013

National Poison Data System (Formerly known as Toxic Exposure Surveillance System) – Total Annual Mentions of Toxic Exposures

	Hydrocodone	Oxycodone
2001	15,191	9,480
2002	17,429	10,515
2003	19,578	11,254
2004	22,654	12,603
2005	22,229	13,191
2006	22,319	13,473
2007	24,558	15,069
2008	26,306	17,256
2009	27,753	18,396
2010	28,310	19,363

OXYCODONE



State Ranking - Oxycodone

Total Dosage Units Sold to Retail January 1, 2010 – December 31, 2011

2011			2010			2011			2010		
STATE	RANK	TOTAL DOSAGE UNITS	RANK	TOTAL DOSAGE UNITS	% CHANGE 2010 to 2011	STATE	RANK	TOTAL DOSAGE UNITS	RAN K	TOTAL DOSAGE UNITS	% CHANGE 2010 to 2011
FL	1	525,338,986	1	650,885,860	-24%	LA	29	56,074,553	29	49,599,949	12%
PA	2	311,529,433	2	288,870,043	7%	UT	30	50,697,974	30	47,895,830	6%
NY	3	299,937,485	4	266,896,986	11%	NM	31	48,896,260	31	45,697,500	7%
CA	4	295,022,496	5	261,181,184	11%	IL	32	47,700,128	33	42,805,010	10%
OH	5	289,383,062	3	282,936,529	2%	WV	33	45,830,170	32	42,911,440	6%
NC	6	222,189,039	6	201,693,238	9%	AR	34	42,524,552	34	39,873,970	6%
NJ	7	195,014,871	7	179,311,163	8%	KS	35	41,646,268	36	37,315,942	10%
AZ	8	173,034,663	8	154,633,084	11%	DE	36	39,956,010	35	37,620,204	6%
TN	9	158,340,886	11	141,889,292	10%	ME	37	35,748,190	37	34,383,060	4%
WA	10	153,748,970	9	151,249,822	2%	NH	38	30,851,640	38	29,799,340	3%
MA	11	151,947,593	10	146,314,057	4%	MS	39	28,293,808	40	24,573,192	13%
MD	12	149,086,425	12	141,639,892	5%	IA	40	27,996,044	39	25,805,582	8%
GA	13	142,133,490	13	125,986,084	11%	RI	41	20,227,440	42	18,148,220	10%
VA	14	131,740,301	14	118,068,618	10%	HI	42	20,153,440	41	18,897,498	6%
CO	15	112,194,642	17	100,227,545	11%	ID	43	17,952,864	45	15,583,792	13%
MO	16	109,876,292	18	99,979,350	9%	MT	44	17,228,940	43	16,533,080	4%
WI	17	108,480,463	16	100,329,263	8%	NE	45	17,225,401	44	16,154,094	6%
OR	18	107,116,456	15	101,389,306	5%	AK	46	13,325,196	48	12,287,550	8%
KY	19	94,901,418	19	81,873,088	14%	PR	47	12,810,809	46	12,525,590	2%
IN	20	90,455,351	20	80,726,827	11%	VT	48	12,534,921	47	12,422,380	1%
MI	21	82,434,611	21	73,164,053	11%	DC	49	9,269,620	49	8,839,300	5%
SC	22	79,359,293	23	71,450,580	10%	WY	50	9,016,202	50	8,530,680	5%
MN	23	76,127,137	24	69,549,000	9%	SD	51	8,535,958	51	8,025,872	6%
CT	24	74,439,138	22	71,531,918	4%	ND	52	7,632,423	52	6,598,122	14%
NV	25	70,560,182	25	63,270,105	10%	GUAM	53	511,440	53	463,800	9%
TX	26	69,676,107	26	62,437,942	10%	VI R ISL	54	288,500	54	301,080	-4%
AL	27	61,157,797	28	51,216,443	16%	AM SAM	55	42,800	55	50,200	-17%
OK	28	57,706,857	27	52,363,292	9%	TOTAL DU's		5,055,904,995		4,804,706,841	5%

OxyContin[®] (Schedule II)

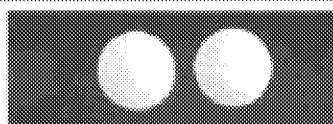
- Controlled release formulation of Schedule II oxycodone
 - The controlled release method of delivery allows for a longer duration of drug action so it contains much larger doses of oxycodone
 - Abusers easily compromise the controlled release formulation by crushing the tablets for a powerful morphine-like high
 - Street Slang: “Hillbilly Heroin”
 - 10, 15, 20, 30, 40, 60, 80mg available
- Effects:
 - Similar to morphine in effects and potential for abuse/ dependence
- Street price: Approx. \$80 per 80mg tablet
- New formulation introduced into the marketplace in 2010 that is more difficult to circumvent for insufflation (snorting) or injection. Does nothing to prevent oral abuse.

OxyContin[®] Change



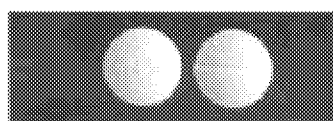
Other Oxycodone Products

Percocet



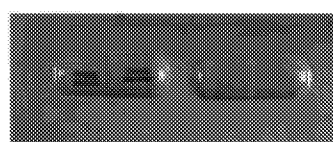
Trade Name: Percocet-Demi
Controlled Ingredient: oxycodone hydrochloride 2.25 mg and
oxycodone terephthalate 0.19 mg
Other Ingredients: aspirin, 325 mg

Percodan



Trade Name: Percodan
Controlled Ingredient: oxycodone hydrochloride 4.5 mg and
oxycodone terephthalate 0.38 mg
Other Ingredients: aspirin, 325 mg

Tylox



Trade Name: Tylox
Controlled Ingredient: oxycodone hydrochloride 4.5 mg and
oxycodone terephthalate .38 mg
Other Ingredients: Acetaminophen, 500 mg



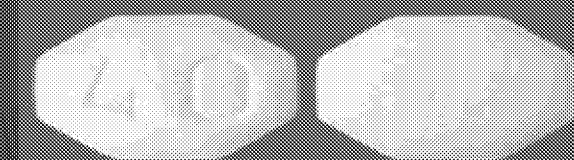
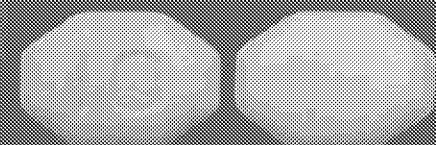
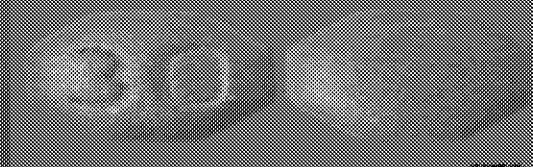
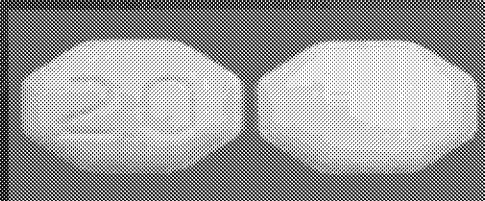
Trade Name: Percocet
Controlled Ingredient: oxycodone hydrochloride, 5 mg
Other Ingredients: Acetaminophen, 325 mg

Roxicodone



Opana ER (Schedule II)

- **Opana ER® - (Schedule II)**
 - Treats constant, around the clock, moderate to severe pain
 - Becoming popular and is abused in similar fashion to oxycodone ; August 2010 (Los Angeles FD TDS)
 - Slang: Blues, Mrs. O, Octagons, Stop Signs, Panda Bears
 - Street: \$10.00 – \$80.00



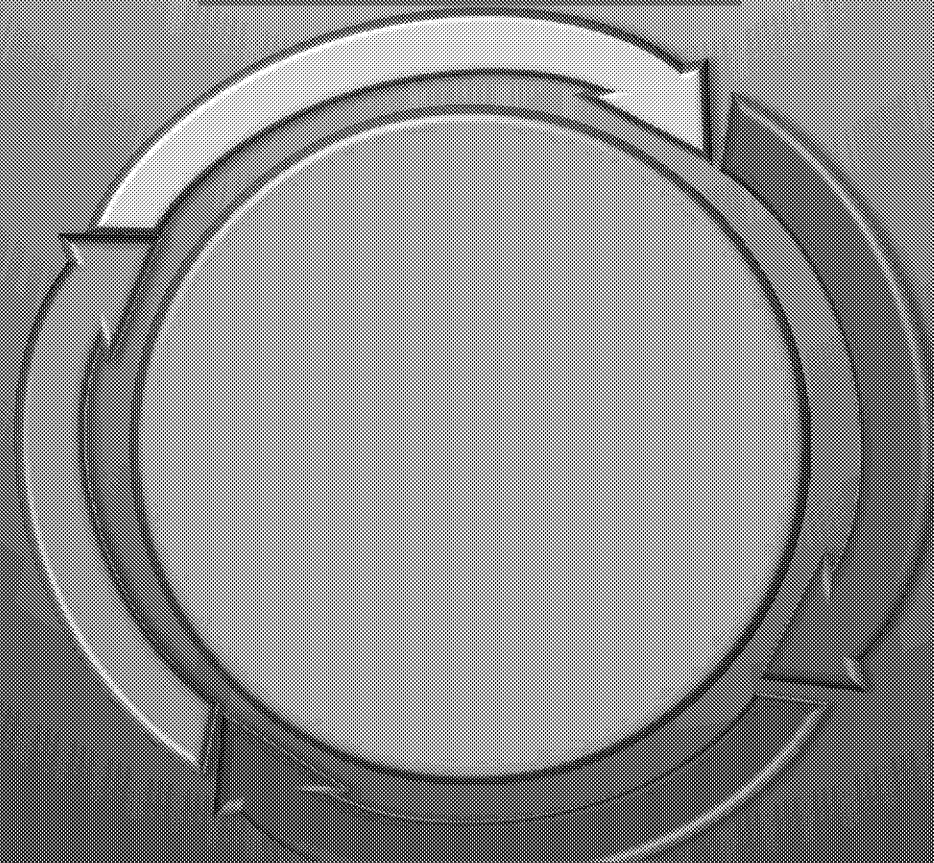
Opiates v. Heroin

Circle of Addiction & the Next Generation

Oxycodone
Combinations

Percocet®

\$7-\$10/tab



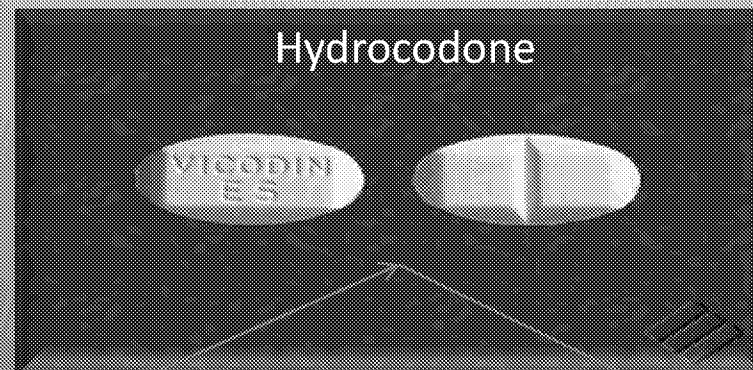
OxyContin®
\$80/tab

Roxicodone®
Oxycodone IR
15mg, 30mg
\$30-\$40/tab

Heroin
\$10/bag

Hydrocodone
Lorcet®
\$5-\$7/tab

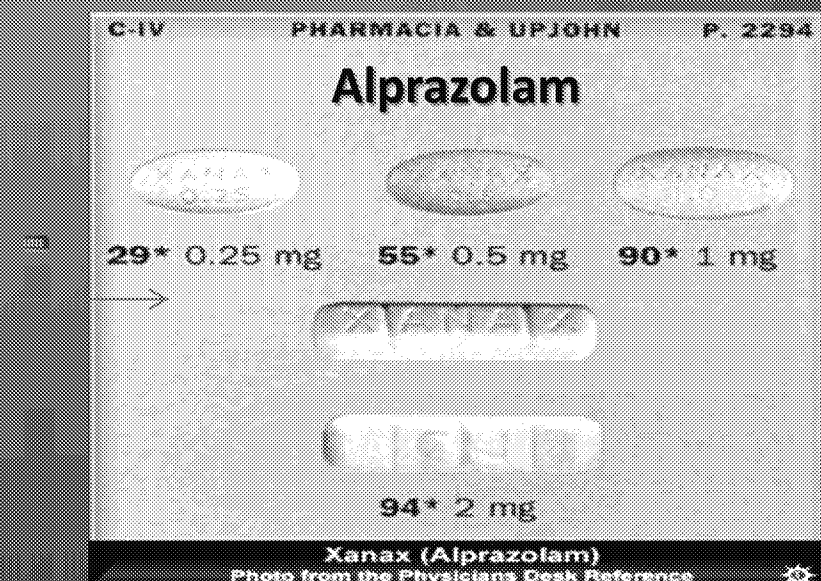
The Trinity



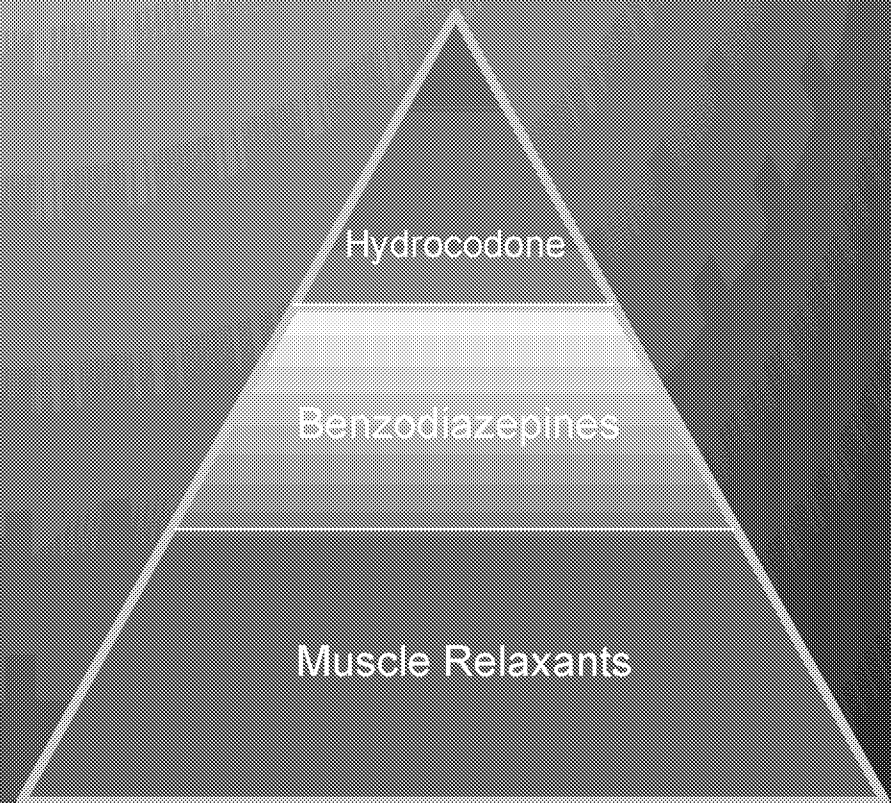
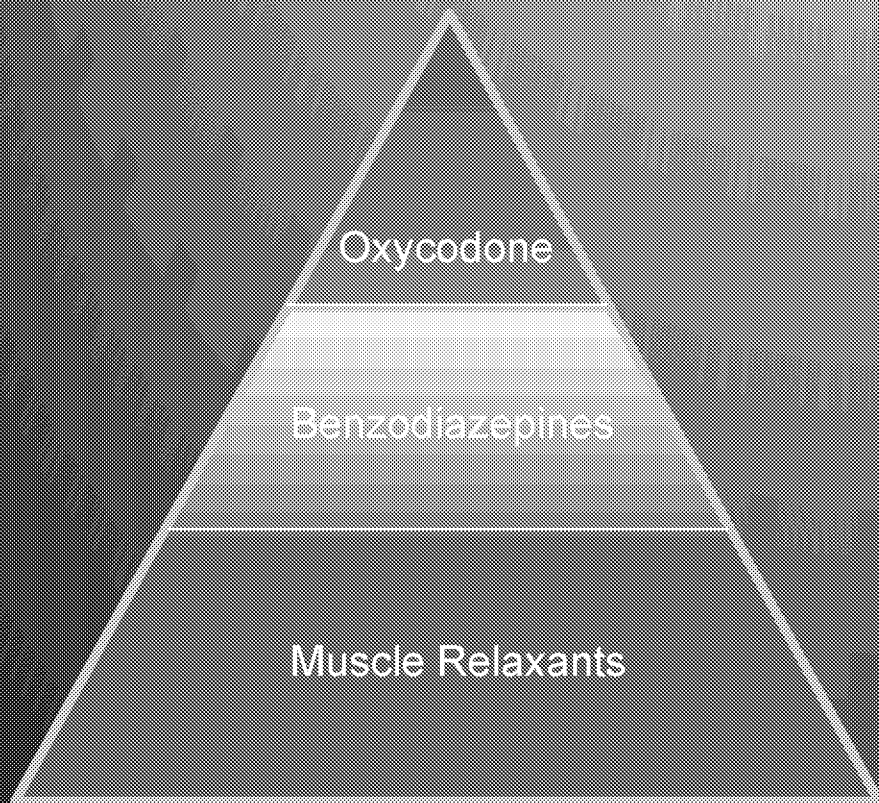
Opiate



Muscle Relaxant



Benzodiazepine



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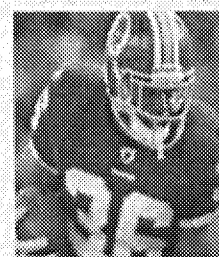
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'Liaisons Dangereuses'

New approach to classic P. 19



Playoff possibilities

Schedule favors Skins P. 35

Cooling down



60°-34°

DETAILS P. 4

POLITICS

Stalemate on 'cliff'

Sides stop talking;
Obama's rate hikes
may be flexible. P. 13

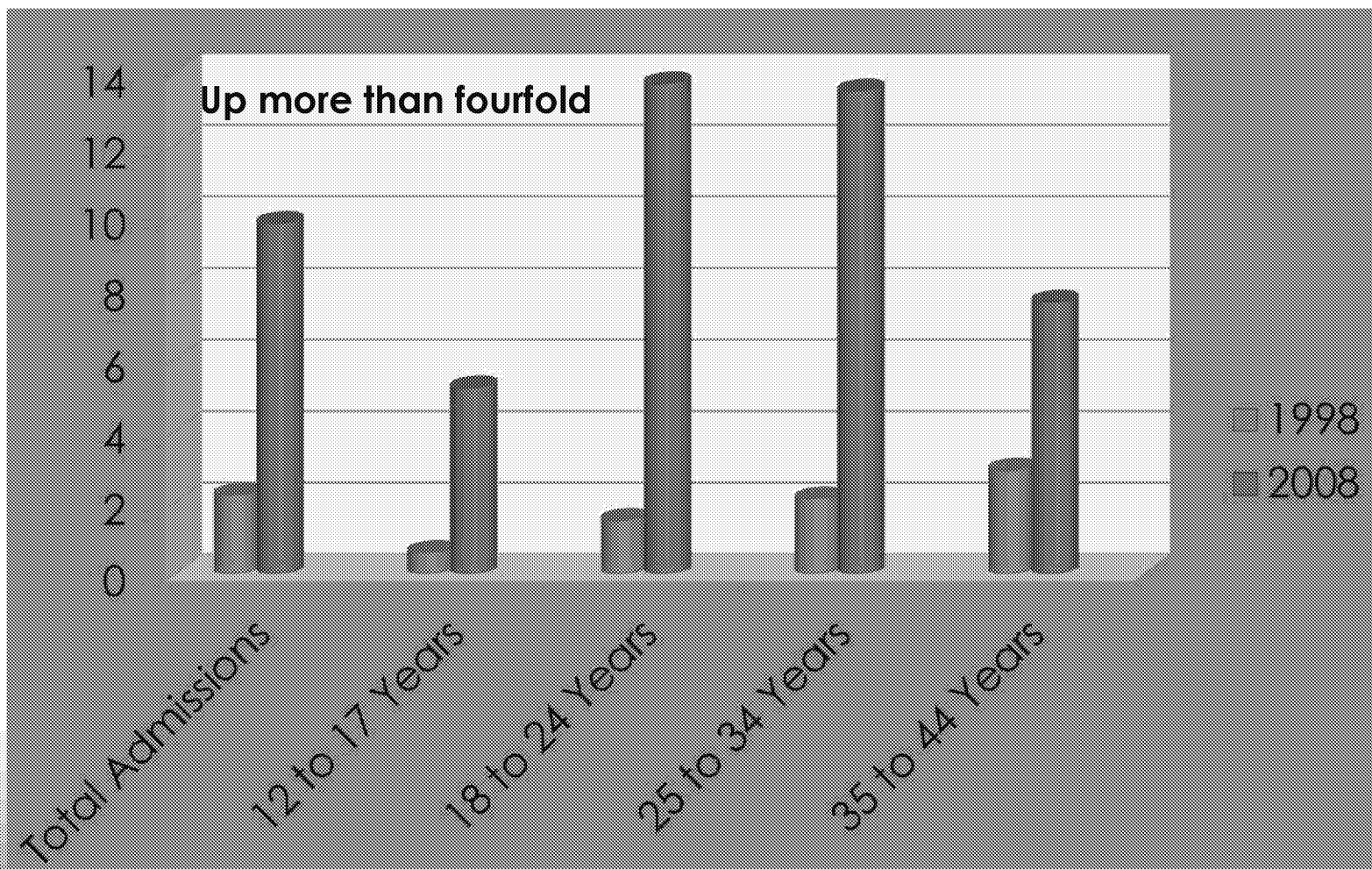
LOCAL

FBI analyst busted

Heroin use spikes in area suburbs

Pill addicts risk deadly drug

Substance Abuse Treatment Admissions within Specific Age Groups That Reported Any Pain Reliever Abuse: 1998-2008



Source: SAMSHA Treatment Episode Data Set, 1998-2008 released July 15, 2010

Community Impact?

Heroin trafficking organizations relocating to areas where prescription drug abuse is on the rise

Heroin traffickers pave the way for increasing crime and violence

Law enforcement and prosecutors eventually fighting the problem on two fronts (prescription opiate diversion and heroin distribution) further depleting resources

Communities suffer

METHADONE



CDC Vital Signs Report July 2012

Almost one-third of prescription painkiller overdose deaths involve methadone.

Six times as many people died of methadone overdoses in 2009 than a decade before.

More than 15,500 people die every year of prescription drug overdoses, and nearly one-third of those overdoses involve the drug methadone, according to a recent CDC Vital Signs report.

Researchers found that while methadone accounts for only 2 percent of painkiller prescriptions in the United States, it is involved in more than 30 percent of prescription painkiller overdose deaths.

Methadone has been used for decades to treat drug addiction, but in recent years it has been increasingly prescribed to relieve pain. As methadone prescriptions for pain have increased so have methadone-related fatal overdoses.

CDC results showed that six times as many people died of methadone overdoses in 2009 as died in 1999.

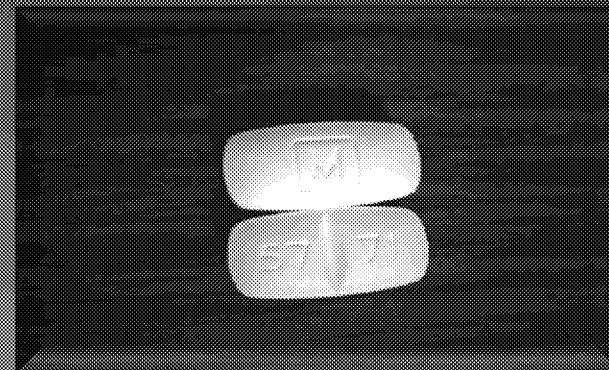
WHY IS IT ALSO USED AS AN ANALGESIC??????

Cheapest narcotic pain reliever – synthetic

Insurance companies

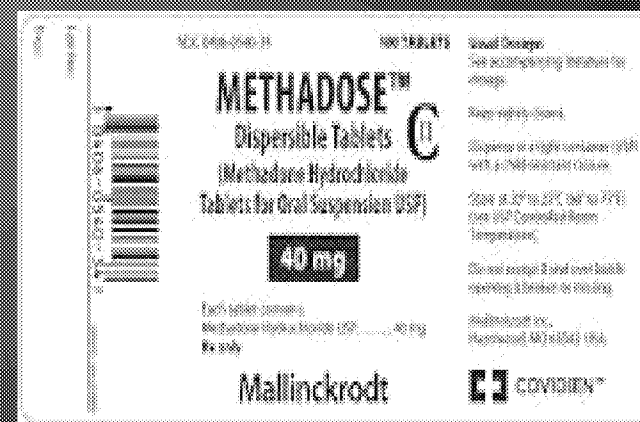
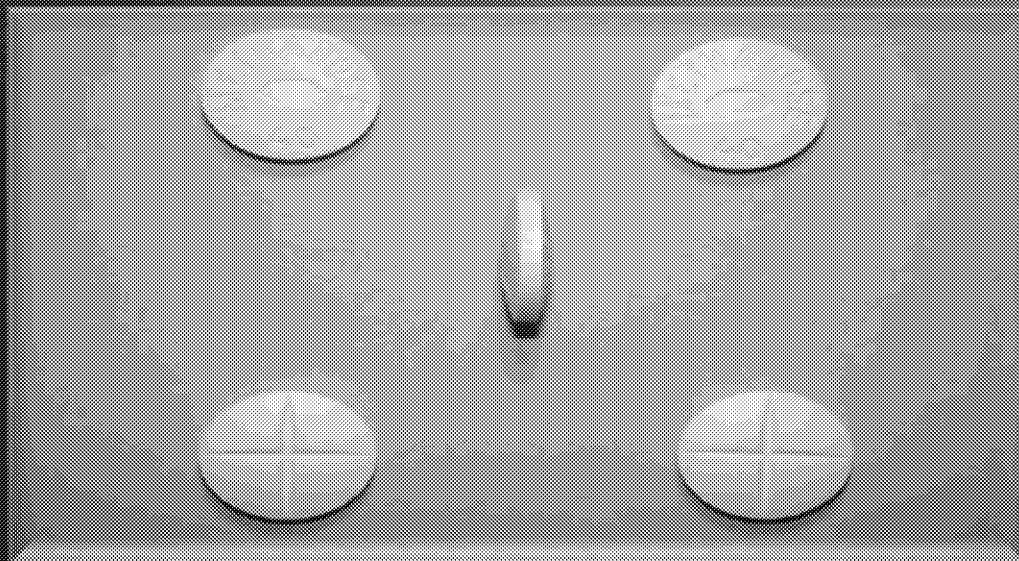
What's the problem?

Methadone- 5mg & 10mg



Mallinckrodt Pharmaceuticals 5 mg & 10mg

Methadone 40 mg



Bluefield Daily Telegraph

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Publisher

Thomas A. Colbey
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Samuelson Perry Managing Editor

Times Editor
Sandra Price

Archie Burns
Night Editor

James Christensen
City Editor

James G. Archer
Sports Editor

"Then he was quiet and spoke in his saying, this is the sword of the LORD to Zerubbabel, saying:
Not all caught, nor by power, but by my spirit, said the LORD of hosts."

(Zechariah 4:6 ARV)

Overdose deaths Prescription drugs take deadly toll in WV

An alarming new study has found that prescription drugs killed more people in West Virginia in 2016 than illegal drugs. According to the report, nine out of the 10 accidental overdose deaths reported in the Mountain State involved prescription drugs. Researchers in a joint state-federal study came to the troubling conclusion after studying 432 accidental overdose autopsy reports, excluding suicides and overdoses, the Associated Press reported.

The report found that one-third of the prescription drugs taken during the fatal accidents were being used as a result of a prescription issued by a doctor within the last 30 days. The report found fewer than one in four of the deaths involved illegal narcotics.

Ann Hall, a Centers for Disease Control Epidemic Intelligence Service Officer for the West Virginia Department of Health and Human Resources, said there is a perception among some citizens that just because narcotics are legal and prescribed drugs, they are somehow safer.

The report found that methadone contributed to one of three deaths, or more than any other prescription drug. However, the report found that only 10 of the overdose victims were enrolled in a methadone clinic for drug-abuse treatment.

The report found that other opioid drugs frequently linked to accidental overdose deaths included hydrocodone

We must take steps now to educate citizens of the growing number of accidental overdose deaths in the state associated with the misuse of legally prescribed drugs.

and oxycodone. The two narcotics contributed to one in five deaths. Morphine contributed to about one in seven deaths, the report found. Anti-anxiety drugs were found in 43 percent of the deaths.

While law enforcement officials have been fighting the illegal drug scourge in our region for years, accidental overdose deaths associated with the misuse of prescription narcotics now represents an emerging epidemic for the Mountain State.

The alarming new study from the West Virginia Department of Health and Human Resources should be viewed as a call to action for our community. We must take steps now to educate citizens of the growing number of accidental overdose deaths in the state associated with the misuse of legally prescribed drugs.

We must act now to educate our community. If we fail to act, the number of accidental overdose deaths in the state and the region could continue to rise. It will take a combined effort of public education and law enforcement cooperation to reduce these alarming statistics.

editorials

Rising methadone deaths

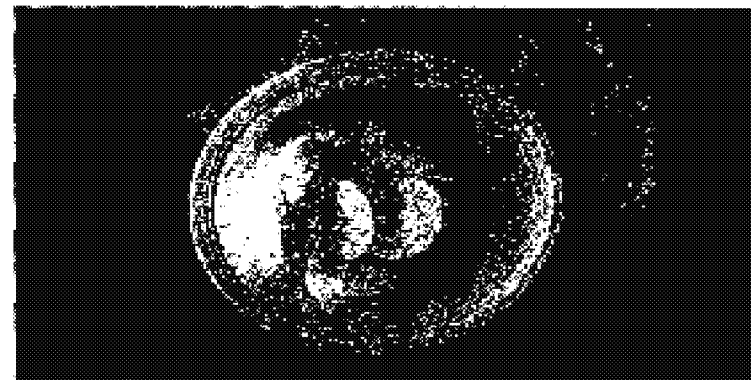
Our view: Baltimore public health officials are trying to find out if treatment for chronic pain sufferers accounts for increase in methadone overdoses

THE JUNE LETTER FROM THE BALTIMORE HEALTH DEPARTMENT alerted physicians, nurses and other providers to a significant increase in methadone-related overdose deaths. The letter from Dr. Laura Herrera, a deputy city health commissioner, raised the possibility that the overdoses involved prescriptions for pain. It was a cautionary reminder that health care providers should educate their patients about the proper use of methadone and the lethal risks of taking extra doses.

Dr. Herrera was right to be concerned: Methadone-overdose deaths of city residents have risen from seven in 1995 to 74 in 2007. In 2007, the last year for which statistics are available, there was a 23 percent increase in such deaths over the previous year. The city deaths coincide with a similarly disturbing fivefold increase in methadone-related deaths nationally between 1999 and 2005. But proving that the use of methadone as a pain reliever caused these deaths isn't easy — no one tracks how many physicians prescribe methadone to relieve chronic pain from cancer or arthritis, for example.

Prescribing methadone has been an accepted form of treatment for chronic pain for some time, according to pain specialists at Johns Hopkins Hospital and the University of Maryland Medical Center. They add that they have seen no methadone-related deaths among their patients. Methadone used for pain treatment is prescribed in pill form; its risk stems from the drug's potency and its lingering presence in the body once its pain-relieving function has ceased. An extra dose could slow down a patient's breathing, resulting in coma or death.

To identify the extent of the problem and the patients most at risk, the city Health Department has reviewed data from the medical examiner's office. It also has asked the quasi-public city agency that oversees drug treatment in Baltimore to cross-check methadone overdose victims against its patient rosters. That's a critical aspect of the review because it could uncover misuse, abuse or diversion of methadone



Methadone tablets in a cup. BALTIMORE SUN PHOTO: JEFF VORSCHEIDT

from drug treatment centers. Or it could lend credence to the prevailing view that more training is required for private physicians who prescribe methadone for pain.

At least 29 states have prescription monitoring programs that would identify indiscriminate prescribing, doctor-shopping and other abuses. A task force established this year in Maryland is studying the possibility of establishing a similar tracking system for methadone and other controlled substances.

Until then, Dr. Herrera and her colleagues at the Health Department have moved expeditiously and forthrightly to unravel this mystery. The results of their findings are the key to understanding and reversing this disturbing trend.

400 Greenley Road
Sonoma, CA 95370

SINCE 1854

The Union Democrat

THE MOTHER LODE'S LEADING INFORMATION SOURCE

Report finds trends in child deaths

By ALISHA WYMAN
The Union Democrat

Prescription drug abuse, suicide and vehicle accidents were the most prevalent causes of death last year among children and young adults in Tuolumne County, according to a recently-released report.

The Child Death Review Team, made up of officials from the Sheriff's Office, the Sonoma Police Department, the Public Health Department, Child Welfare Services and other agencies, examined 11 deaths of youths through age 25. Most were teens and young adults.

One of the concerning trends was a

rise in abuse of prescription drugs, particularly methadone, Sheriff's spokesman Lt. Dan Bressler said.

"What we're finding is even small amounts of methadone mixed with alcohol can cause death," he said. "It doesn't take much."

Three young people died of accidental overdose in 2007, two of which

involved a mixture of alcohol and methadone, a painkiller also used to help with withdrawals of harsher drugs such as heroin.

Tuolumne County isn't the only area to see a rise in prescription drug abuse, said Dr. Todd Stolp, county public health officer.

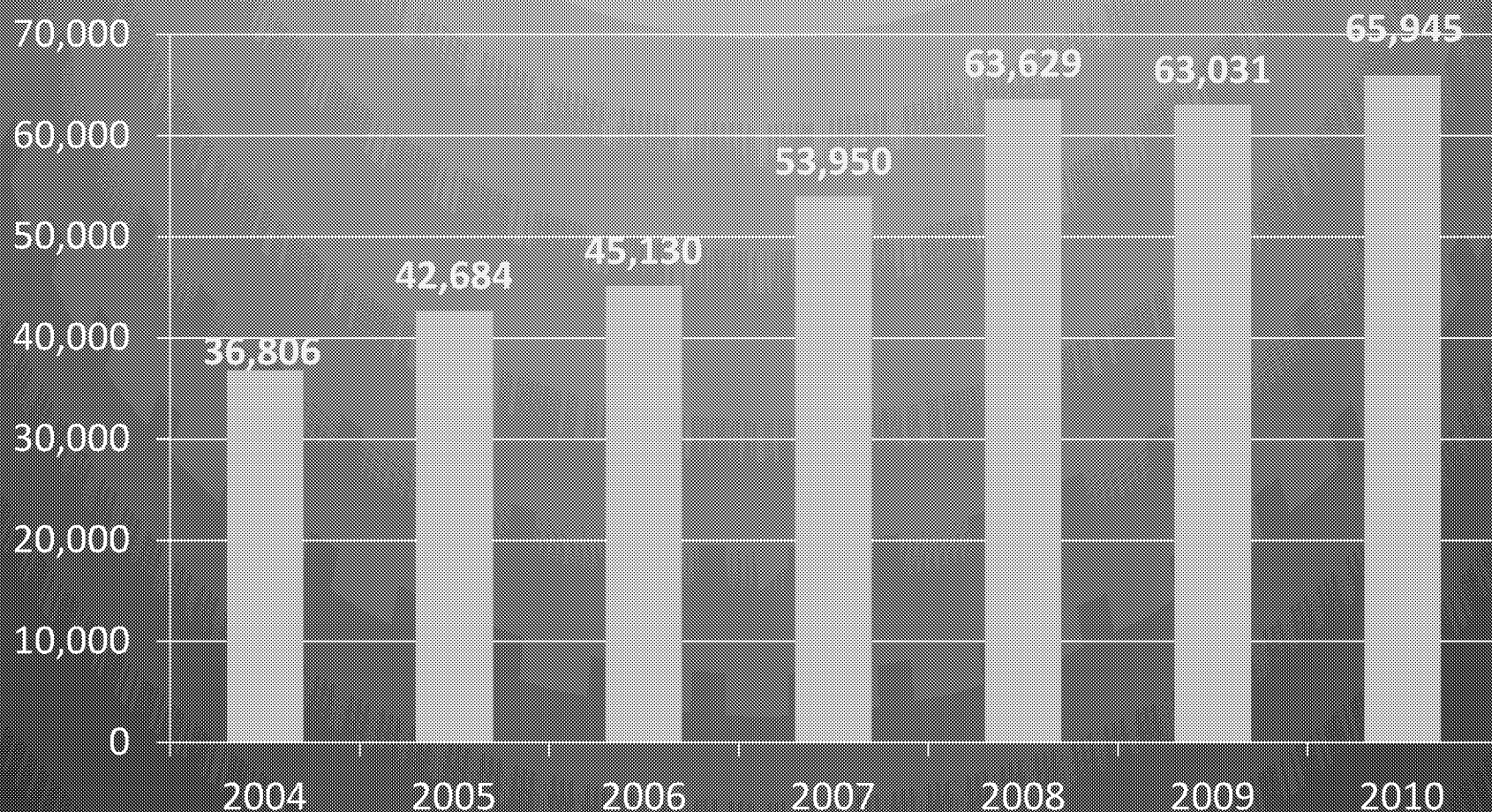
"It's a national issue, but we're in the

process of identifying the extent of the problem and how to address the problem," he said.

There were three suicides in 2007. The number could be higher, however, because there were some drug-related cases in which there wasn't enough

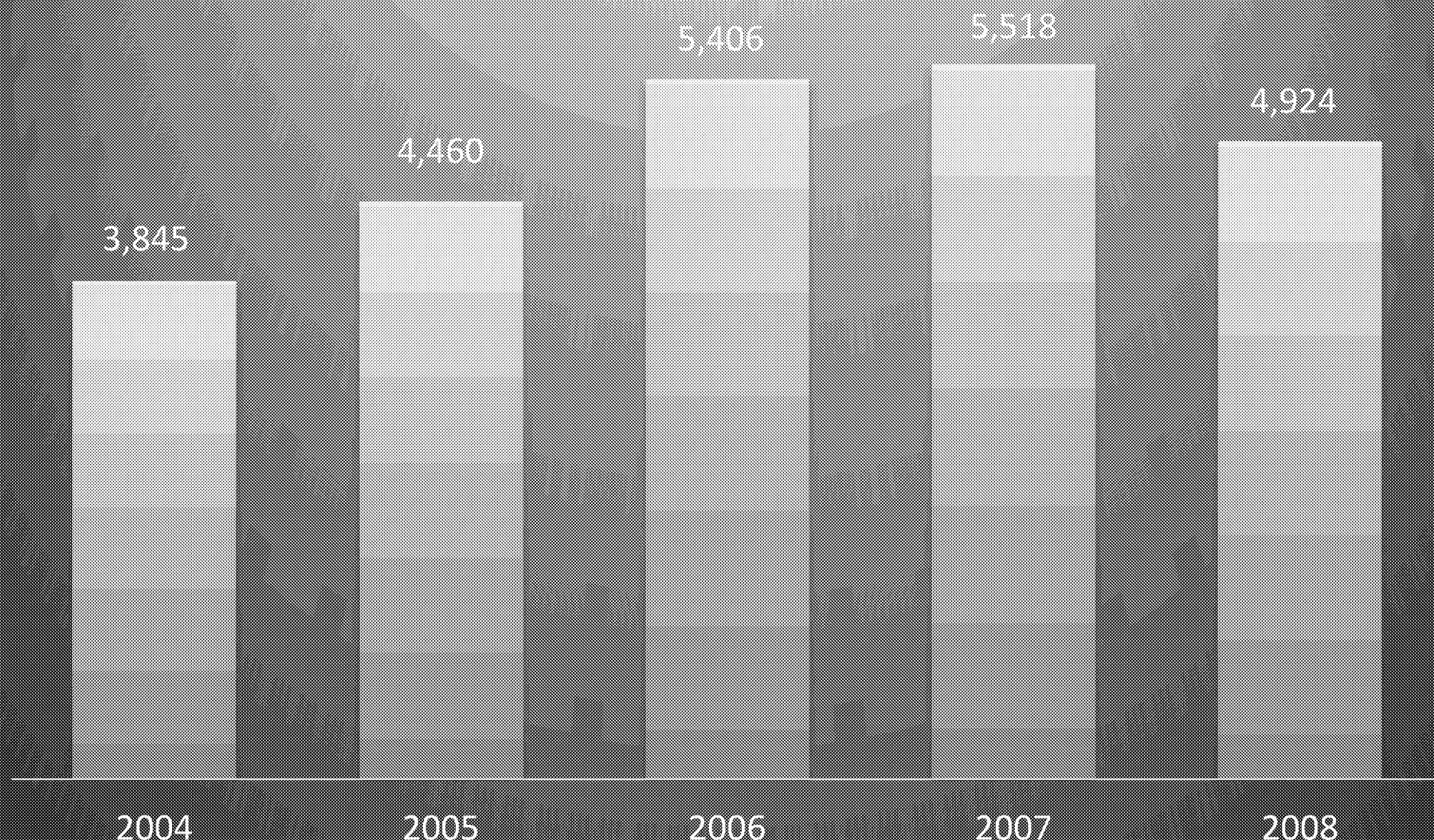
SEE DEATHS/...

ER visits involving Nonmedical Use of Methadone



Source: Drug Abuse Warning Network (DAWN) 2010 National Estimates of Drug-Related Emergency Department Visits, 2004-2010

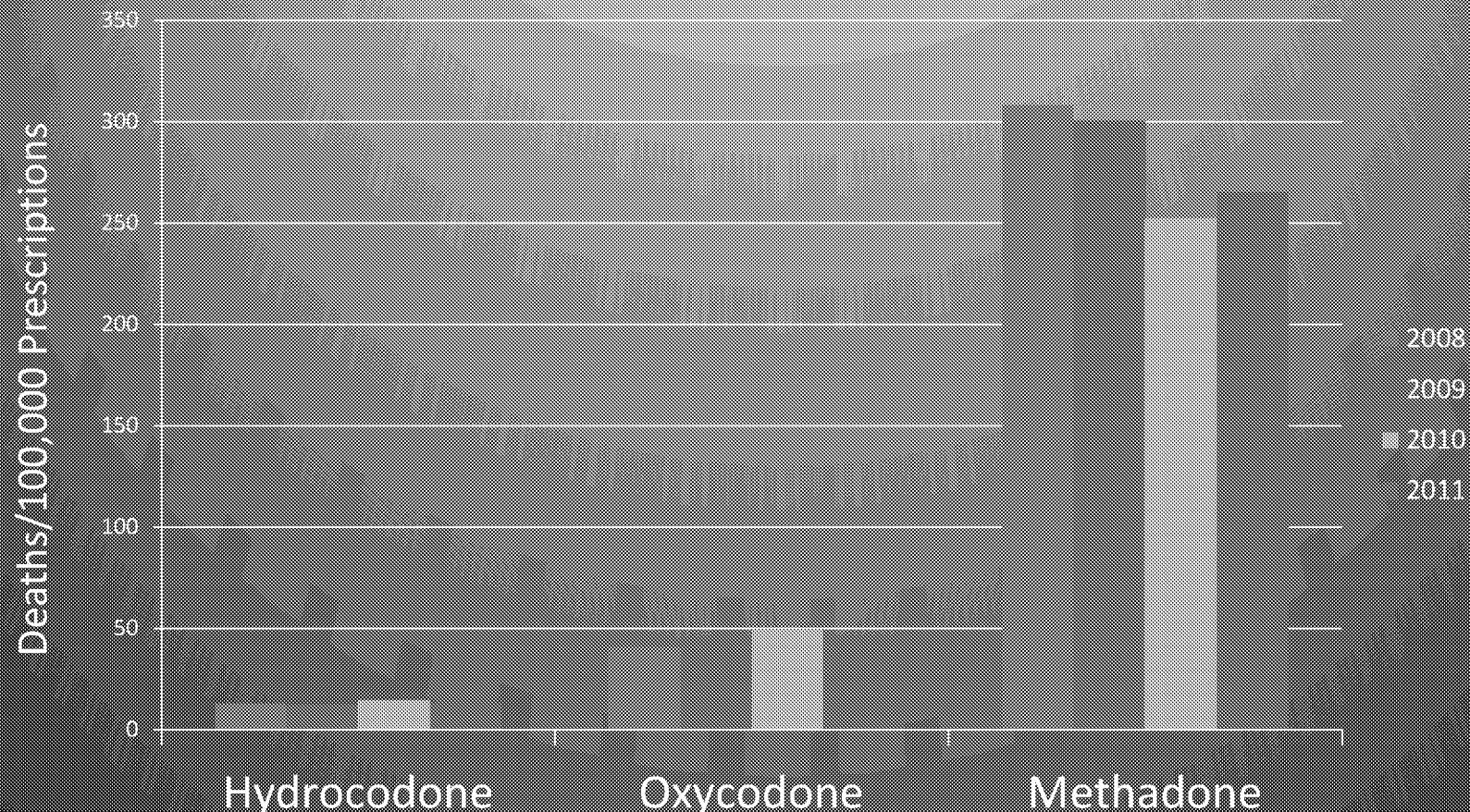
Deaths involving Methadone



Source: NCHS Data Brief #81, December 2011

Florida Deaths Per 100,000 Prescriptions

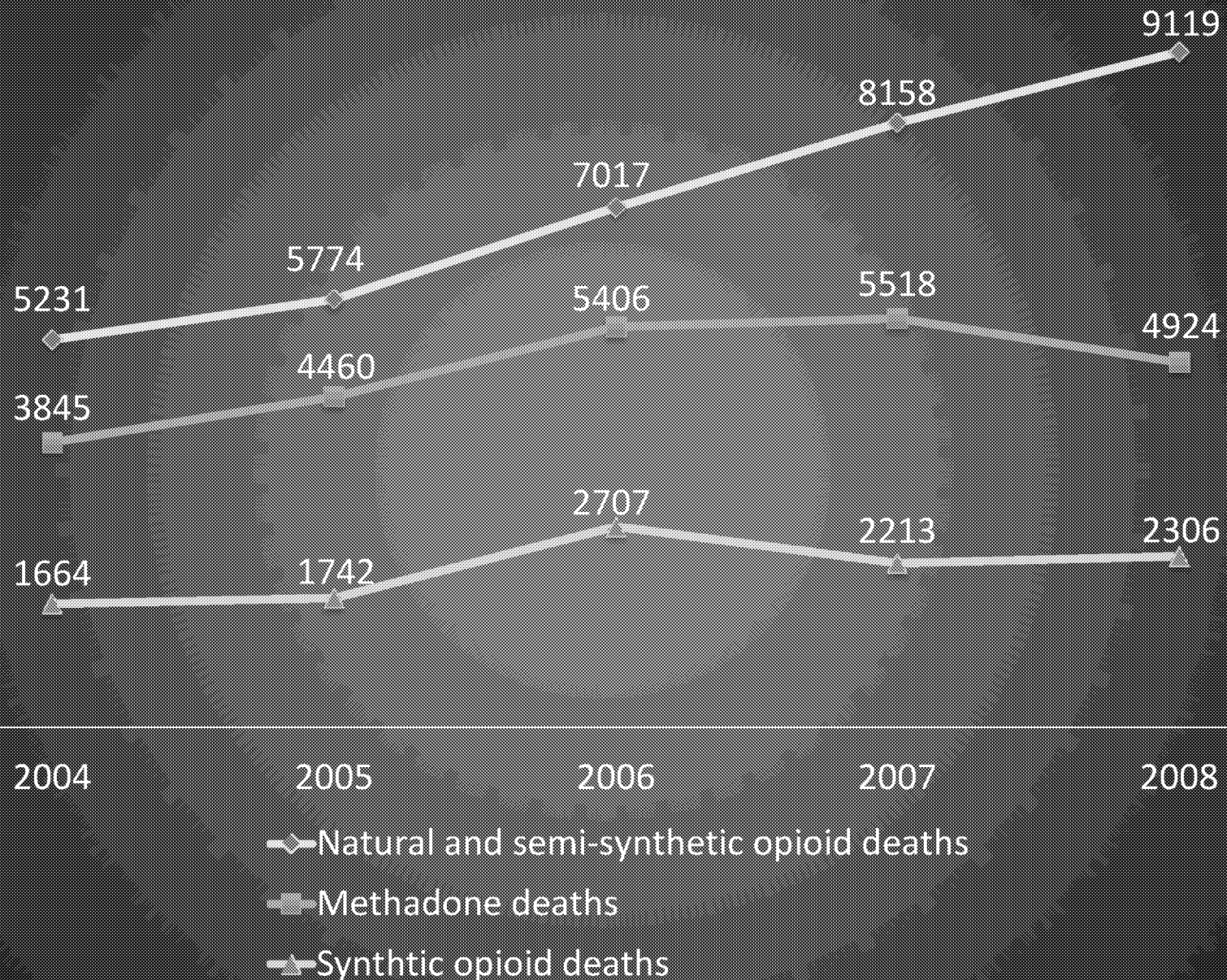
2008-2011



- Sources:
- Death Data : Florida Department of Law Enforcement, "Drugs Identified in Deceased Persons by Florida Medical Examiners"
- Prescription Data: IMS Exponent, State Level: Florida Retail Prescription Data

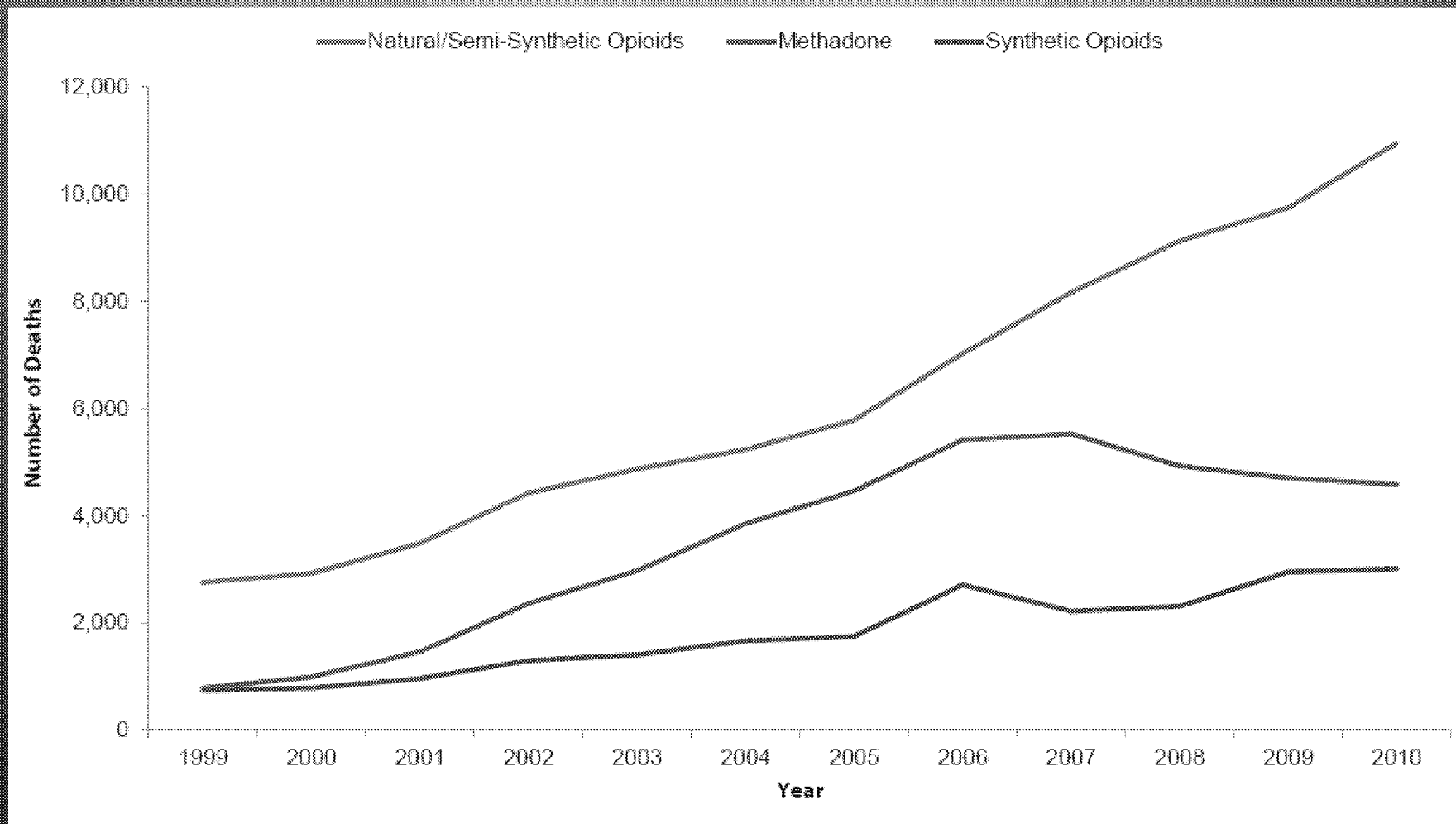
Case 3:17-cv-01362 Document 1149-24 Filed 10/30/20 Page 27 of 40 PageID #: 40460

Opioid analgesic involved in deaths



Source: NCHS Data Brief #81, December 2011

Opioid Deaths by Type of Opioid Involved, 1999-2010



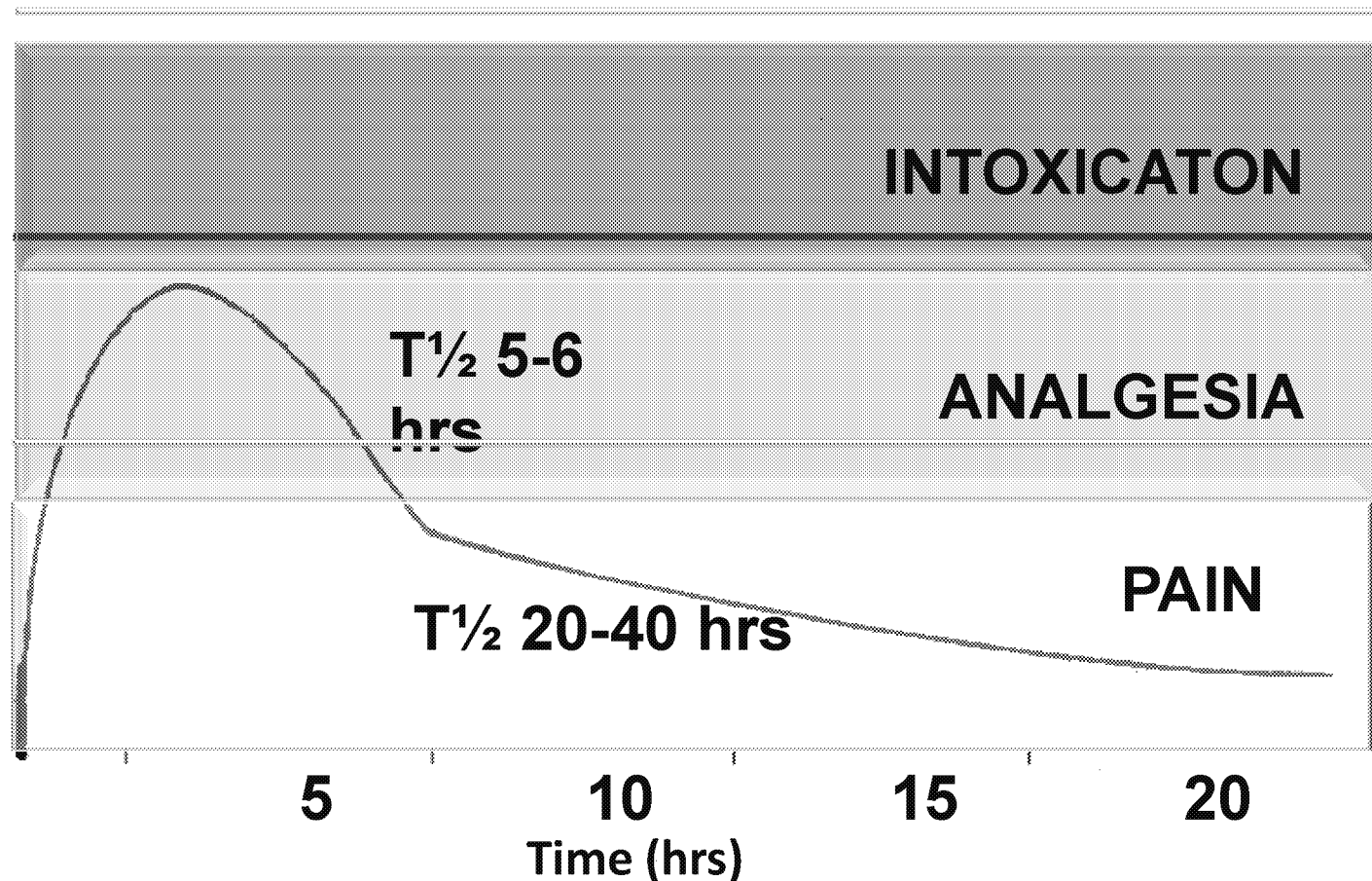
U.S. Drug Enforcement Administration /
Operations Division / Office of Diversion
Control

Source: 2010 NVSS Mortality File

CONFIDENTIAL

CAH_ALASKA_00036660

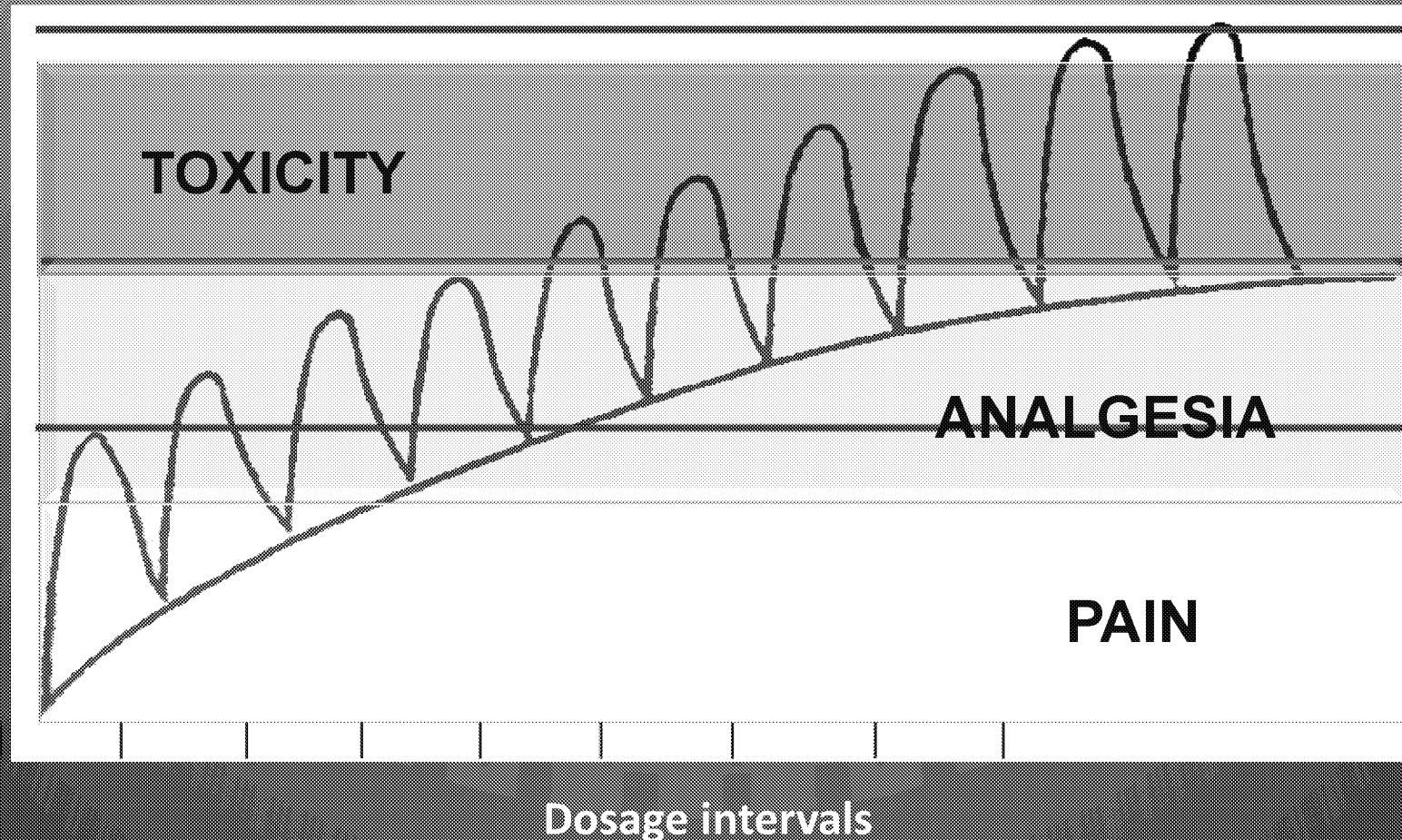
Methadone Single Dose Kinetics



Ref: Nilsson MI, et al. Acta anaesth. scand 1982, Suppl 74, 66-69

Source: Resource Manual for CME course entitled "*Prescribing Opioids for Chronic Pain*" – Offered by the New England Chapters of the American Society of Addiction Medicine with support from CSAT, SAMHSA

Fixed Methadone Dose Interval



Ref: Nilsson MI, et al. Acta anaesth. scand 1982, Suppl 74, 66-69

Source: Resource Manual for CME course entitled *"Prescribing Opioids for Chronic Pain"* – Offered by the New England Chapters of the American Society of Addiction Medicine with support from CSAT, SAMHSA

Methadone – Drug Interactions

- CNS depressants (e.g., alcohol, anesthetics, sedatives, other opioids) - Additive effect
- Antiretroviral drugs have variable interactions
- CYP3A4 inhibitors (some antifungal agents, macrolide antibiotics, and SSRIs) – Inhibits elimination
- Grapefruit juice inhibits methadone elimination
- Smoking enhances (CYP1A2) methadone elimination
- Self-inducer – Enhances (3.5 fold between 1st dose and steady state) its own elimination
- Anticonvulsants – Enhances methadone elimination

Overdose... Why?

- Patients not taking the drug as directed
- Physicians not properly prescribing the drug
- Non medical users ingesting with other substances
- Opiate naive

One Pill can Kill



CE Article (ACCOMPLISHED) CE credit for this article

By Jonathan J. Lipman, PhD

THE METHADONE POISONING “Epidemic”

Increasing use of
Methadone as a
pain killer
may be
fueling a
disturbing
increase
in deaths
related to this
potent drug.

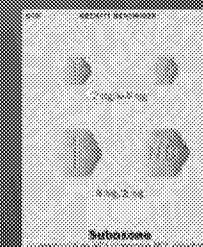
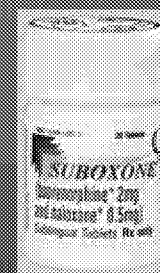
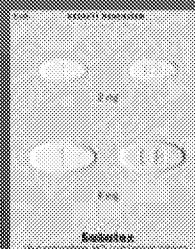
Name _____ Date _____
Address _____

R_x

Death and morbidity associated with methadone treatment has increased dramatically in recent years, largely in the population prescribed this drug for pain control rather than addiction maintenance. Inadvertent overdose is becoming increasingly common, likely in part because the drug's acute pain-relieving effect lasts only 4 to 6 hours, yet it has a very long and variable plasma half-life of 24 to 36 (in some studies 15 to 55) hours, is stored in body tissues, and toxic accumulation occurs with too-frequent consumption. Adverse effects are most common in patients treated with methadone in combination with other drugs. Both cardiac and respiratory systems are vulnerable targets for the drug's toxic actions, and other co-administered drugs can interactively increase the risk of death through a variety of mechanisms including direct central nervous system depression of respiration, idiosyncratic respiratory vulnerabilities, and lethal cardiac arrhythmias. Idiosyncratic factors also play a part in methadone's cardiac toxicity, and risk factors are well characterized, though perhaps not sufficiently widely known and understood by key stakeholders. The recent change in FDA labeling requirements for the drug—and the November 2006 posting of a government warning regarding its use in pain treatment—has not yet reduced morbidity and mortality associated with methadone as reported in the MedWatch database for the first quarter of 2007.

Other FDA Approved Drugs for Narcotic Addiction Treatment

- Schedule III
 - Buprenorphine – Drug Code 9064
 - Subutex (sublingual, single entity tablet)
 - Suboxone (sublingual, buprenorphine/naloxone tablet)



Other Opiates of Interest



Trade Name: MS Control
Controlled Ingredient: morphine sulfate, 1500 mg



Trade Name: MS Control
Controlled Ingredient: morphine sulfate, 15 mg



Trade Name: MS Control
Controlled Ingredient: morphine sulfate, 30 mg



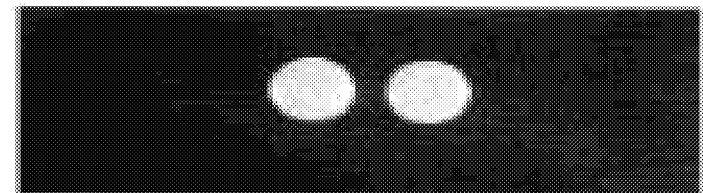
Trade Name: Oramorph SR
Controlled Ingredient: morphine sulfate, 300 mg



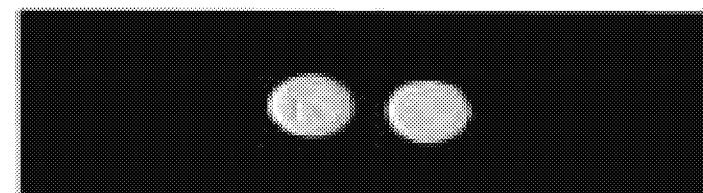
Trade Name: Oramorph SR
Controlled Ingredient: morphine sulfate, 300 mg



Trade Name: Oramorph SR
Controlled Ingredient: morphine sulfate, 60 mg



Trade Name: Dilaudid
Controlled Ingredient: hydromorphone hydrochloride, 2 mg



Trade Name: Dilaudid
Controlled Ingredient: hydromorphone hydrochloride, 4 mg

State Ranking* - Hydromorphone

January – June 2012

RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL	RANK	STATE	TOTAL
1	CA	21,228,360	12	IL	4,421,736	23	IN	2,448,208	34	NH	1,011,318	45	ND	393,136
2	FL	19,061,912	13	NC	4,252,436	24	SC	2,082,112	35	DE	990,800	46	RI	389,840
3	NY	9,697,706	14	MA	4,007,506	25	IA	1,861,184	36	UT	872,202	47	HI	360,900
4	TX	7,461,462	15	CO	3,851,846	26	OK	1,625,362	37	VT	806,448	48	AK	349,586
5	VA	5,922,402	16	OR	3,242,616	27	AL	1,601,898	38	NM	797,552	49	WY	311,412
6	PA	5,865,658	17	CT	3,212,408	28	WI	1,526,180	39	MT	782,800	50	DC	239,606
7	WA	5,005,016	18	GA	3,180,576	29	NV	1,498,220	40	ID	768,354	51	SD	235,004
8	OH	4,873,528	19	MO	3,166,810	30	KS	1,435,180	41	WV	743,716	52	PR	26,300
9	MI	4,682,560	20	AZ	3,061,366	31	LA	1,344,362	42	ME	740,870	53	GU	13,300
10	MD	4,506,456	21	MN	2,497,782	32	AR	1,315,256	43	MS	731,290	54	VI	5,800
11	NJ	4,482,783	22	TN	2,473,281	33	KY	1,214,538	44	NE	522,898	55	AS	0

** Business Activity - Pharmacies*

Source: Drug Enforcement Administration, Office of Diversion Control, Pharmaceutical Investigations Section, Targeting and Analysis Unit

Fentanyl



- Fentanyl Patches
- Fentanyl Citrate dispensed in a berry flavored lollipop-type unit
- Fentanyl is 100 times more potent than morphine
- Intended to be used for chronic cancer pain & only for people who are tolerant to prescription opioid (narcotic) pain medicines
- Abused for its intense euphoric effects



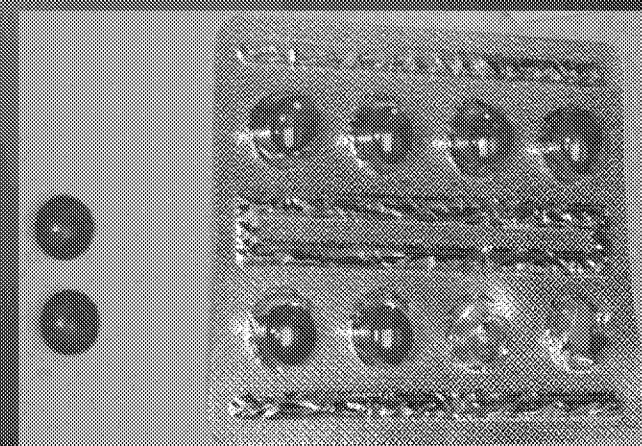
Fentora®

Actiq®



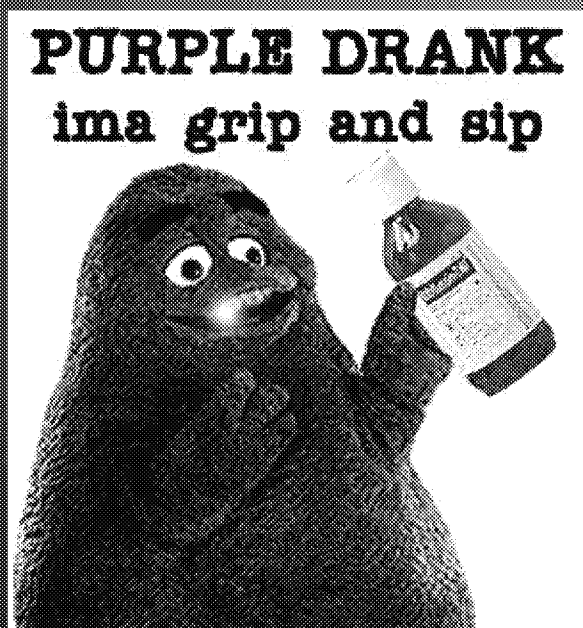
Dextromethorphan (DXM)

- Cough suppressant in over 125 OTC medications (e.g. Robitussin and Coricidin)
- Bulk form on the Internet
- At high doses, has Ketamine- and PCP-like effects
- Produces physical and psychological dependence
- Deaths associated with DXM abuse

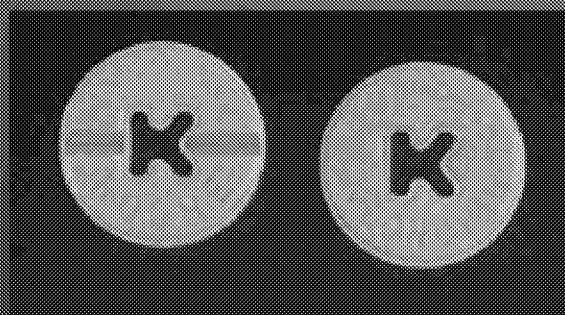


Cough Syrup Cocktails

- “Syrup and Soda”
- “Seven and Syrup”
- “Purple Drank”



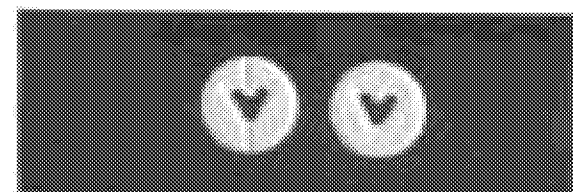
Benzodiazepines



Trade Name: Valium
Controlled Ingredient: diazepam,
10 mg



Trade Name: Valium
Controlled Ingredient: diazepam,
5 mg



Trade Name: Valium
Controlled Ingredient: diazepam,
2 mg